

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT ANGELA CONNOLLY FOR SUPERVISOR

IMPORTANT: Indicate by # type of committee you are reporting for: 5(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

ANGELA CONNOLLY

Political Party (if applicable)

DEMOCRATIC

Office Sought

POLK COUNTY SUPERVISOR

District (If Senate or House)

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only POLK	
Comm. #	17331
Logged	GD
Scanned	GD
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

1/19/12

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR

Indicate by # 2☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

POLK

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

68,294³⁴

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

150⁰⁰

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

68,444³⁴

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...

1,994⁰⁸

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$

66,450²⁶

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

YES

NO

578⁹¹
 2012 JAN 11
 11:21
 IA ETHICS AND
 CAMPAIGN DISCLOSURE BD.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT ANGELA COUNCILY FOR SENATOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/9/11	ID# CK# 1343	MARIE GRABENBAUER 2655 AURORA DES MOINES, IA 50310		\$ 150.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 150.00
\$ 150.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURES☐ CHECK THIS BOX IF
AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT ANGELA CONNOLLY FOR SUPERVISOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/7/11	ID# CK# N/A	BANKERS TRUST 457 7TH ST DES MOINES IA 50309	BANK FEES	\$ 2 ⁴¹
1/21/11	ID# CK# 2092	CHRISTOPHER'S RESTAURANT 2816 BEAVER AVE DES MOINES IA 50309	ELECTION NIGHT RECEPTION	198 ⁶⁶
2/7/11	ID# CK# N/A	BANKERS TRUST 457 7TH ST DES MOINES IA 50309	BANK FEES	3 ⁰⁰
3/7/11	ID# CK# N/A	BANKERS TRUST 457 7TH ST DES MOINES IA 50309	BANK FEES	4 ⁸⁸
3/21/11	ID# CK# 2093	POLK COUNTY DEMOCRATS 5661 FLEUR DR DES MOINES IA 50309	PARTY CONTRIBUTION	250 ⁰⁰
4/7/11	ID# CK# N/A	BANKERS TRUST 457 7TH ST DES MOINES IA 50309	BANK FEES	4 ⁸³
6/7/11	ID# CK# N/A	BANKERS TRUST 457 7TH ST DES MOINES IA 50309	BANK FEES	1 ⁸⁰
7/8/11	ID# CK# N/A	BANKERS TRUST 457 7TH ST DES MOINES IA 50309	BANK FEES	1 ⁹⁶
SUB-TOTAL				\$ 467 ⁵⁹
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURESCHECK THIS BOX IF
AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT ANGELA CONOLLY FOR SUPPLS

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/3/11	ID# CK# 2094	UNITED STATES POSTAL SERVICE 1165 2 ND AV DES MOINES, IA 50315	BULK MAIL RATE ANNUAL FEE	\$ 190 ⁰⁰
8/3/11	ID# CK# 2095	BEAVERDALE FALL FESTIVAL P.O. BOX 30004 DES MOINES, IA 50310	BOOTH AND PARADE ENTRY	500 ⁰⁰
8/3/11	ID# CK# 2096	SAMS CLUB 1101 73 RD WINDSOR HEIGHTS, IA 50311	ANNUAL MEMBERSHIP FEE	40 ⁰⁰
8/10/11	ID# CK# 2097	POLK COUNTY DEER HUNT 5611 FLEUR DR DES MOINES, IA 50309	PARTY CONTRIBUTION	200 ⁰⁰
8/5/11	ID# CK# N/A	BANKERS TRUST 457 7 TH ST. DES MOINES, IA 50309	BANK FEES	1 ⁸⁰
9/8/11	ID# CK# N/A	BANKERS TRUST 457 7 TH ST. DES MOINES, IA 50309	BANK FEES	1 ⁷⁸
9/16/11	ID# CK# 2098	H.B. LEISEROWITZ 213 13 TH ST DES MOINES, IA 50309	CANDY FOR FALL FESTIVAL PARADE	333 ⁹⁰
9/20/11	ID# CK# 2099	HYVET 5750 MERLE WAY RD JOHNSON, IA 50310	PARADE CANDY/SUPPLS	110 ³⁰
SUB-TOTAL				\$ 1,377 ⁰⁰
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECTION A CANDIDATE FOR SENATOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/20/11	ID# CK# 2100	CHRISTIAN RESTAURANT 2816 BEAVER AV DES MOINES, IA 50310	LUNCH FOR PARADE VOLUNTEERS	\$ 85 ⁰⁰
10/7/11	ID# CK# NA	BANKERS TRUST 457 7 TH ST DES MOINES, IA 50309	BANK FEES	3 ⁰⁸
10/12/11	ID# CK# 2101	ST. ANTHONY'S CATHOLIC CHURCH 15 INDIANOLA AV DES MOINES, IA 50301	BOOTH FEE FOR FESTIVAL	50 ⁰⁰
11/7/11	ID# CK# NA	BANKERS TRUST 457 7 TH ST DES MOINES, IA 50309	BANK FEES	5 ³⁰
12/7/11	ID# CK# NA	BANKERS TRUST 457 7 TH ST DES MOINES, IA 50309	BANK FEES	5 ³⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 148 ⁶⁸
TOTAL (If last page of this schedule)				\$ 1,094 ⁰⁸

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT ANGELA CONNOLLY FOR SUPERVISOR

SCHEDULE

H

(Rev. 07/03)

CAMPAIGN
PROPERTYATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY****PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ****

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
8/7/10	APPLE COMPUTER	1,042 ⁰³	578 ²¹

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value Donated

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT
(TRANSFER TO SUMMARY PAGE) \$578²¹** PROPERTY SALES & TRANSFERS TOTAL
(TRANSFER TO SUMMARY PAGE) \$

TOTALS \$ _____ \$ _____

* If estimated, show est. beside figure.

(Attach Additional Schedules If Needed)

Page 1 of 1 Page
(For Schedule H)